

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/21/09

IRO CASE #: 19414

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection under anesthesia.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in private practice of Pain Management since the mid-80s

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

The medical necessity has not been demonstrated for the requested service.

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
724.2	01992		Prosp.						Upheld
724.2	62311		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. URA correspondence 04/06/09 and letters of denial and medical reviews 03/31 & 03/19/09, including criteria used in the denial.
3. Treating doctor's evaluation 03/16/09.
4. Radiology reports 03/11/09 & 09/13/08.
5. Physical therapy evaluations and treatment documentation 03/16 – 03/26/09.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has back and leg pain, the result of a work-related injury on xx/xx/xx, that has failed conservative treatment. The MRI scan shows no neural compressive lesion.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The ODG Guidelines require documentation of radiculopathy for epidural steroid injections. There is no neural compressive lesion on the MRI scan and no documented radiculopathy. Therefore, the ODG criteria have not been met.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)